

PRIVACY RELEASE AUTHORIZATION

I hereby authorize Congressman Leonard L Boswell or his representative to inquire with the following Federal Agency on my behalf:

(Name of Federal Agency)

In addition, I authorize the agency listed to release information to Congressman Boswell or his staff concerning my request for assistance.

Signature

Date

PLEASE PRINT THE FOLLOWING INFORMATION: (only fill in VA or INS information if applicable)

Name _____

Address _____

City/State/Zip _____

Daytime Phone _____ Evening Phone _____

Fax Number _____ Social Security # _____

Date of Birth _____ Place of Birth _____

VA Claim Number _____ Branch of Service _____ Rank _____

INS Alien Number _____ Date Application Filed _____

Country of Birth _____ Place/Date of Entry _____

Petition or Claim # _____

Are you facing a deadline? Yes ☐ No ☐ If, yes when _____

Have you contacted my office before on this matter? Yes ☐ No ☐ Different Matter ☐

Or any other Congressional Office? If so, whom? _____

Is this currently pending before a local, state or federal court? Yes ☐ No ☐

If yes, when? _____

(over)

